

CONSTRUCTION PERMIT APPLICATION

DATE APPLICATION RECEIVED _____

LOCATION OF PROPERTY _____

LOT & BLOCK OR PARCEL NUMBER _____

SUBDIVISION _____

MUNICIPALITY _____ COUNTY _____

OWNER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____

BUILDING PERMIT

☐ Commercial Use _____

☐ New Construction ☐ Alteration ☐ Repair ☐ Demolition ☐ Sign

DESCRIPTION OF CONSTRUCTION _____

TOTAL SQ. FT. OF CONSTRUCTION _____ ESTIMATED COST OF CONSTRUCTION _____

ARCHITECT/ENGINEER NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ FAX (_____) _____

BUILDER NAME _____

DBA _____

ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (_____) _____ FAX (_____) _____

APPLICANT IS RESPONSIBLE FOR OBTAINING REQUIRED HIGHWAY OCCUPANCY PERMITS FROM THE PA DEPT. OF TRANSPORTATION AS REQUIRED UNDER SECTION 402 OF THE STATE HIGHWAY LAW (36 P.S. § 670-420). I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT. I HEREBY AGREE THAT ALL APPLICABLE PROVISION OF THE MUNICIPALITIES CODES SHALL BE COMPLIED WITH, AS WELL AS THE REQUIREMENT OF THE MUNICIPAL SEWER AND WATER AUTHORITY WHETHER SPECIFIED OR NOT.

I HEREBY CERTIFY THAT THE ABOVE INFORMATION IS TRUE AND CORRECT AND ACKNOWLEDGES THE SMOKE DETECTOR REQUIREMENTS INVOLVED WITH ALTERATION, REPAIR AND ADDITION PERMITS.

APPLICANT / AGENT SIGNATURE _____ PRINT NAME _____ DATE _____

★★★★ FOR DEPARTMENT USE ONLY ★★★★★

BUILDING PERMIT APPLICATION ☐ APPROVED ☐ DENIED BUILDING PERMIT FEE \$ _____

BY _____ PLAN REVIEW FEE \$ _____

DATE _____ MUNICIPAL FEE \$ _____

PERMIT NO. _____ TRAINING FEE \$ 4.00

TOTAL PERMIT FEE \$ _____

REASON(S) FOR DENIAL _____

OVER FOR SUBCODES PERMIT

PLUMBING PERMIT

☐ CONTRACTOR SAME AS BUILDER CONTRACTOR _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (_____) _____ FAX (_____) _____

PLUMBING SYSTEM ☐ New ☐ Additional ☐ Alterations
 TYPE ☐ Public Sewer ☐ Private Septic
 TYPE ☐ Public Water ☐ Private Well

DESCRIPTION OF WORK _____

ESTIMATED COST OF PLUMBING WORK _____

NO.	EQUIPMENT	NO.	EQUIPMENT	NO.	EQUIPMENT
_____	Water Closet	_____	Urinal/Bidet	_____	Bath Tub
_____	Lavatory	_____	Shower	_____	Floor Drain
_____	Sink	_____	Dishwasher	_____	Drinking Fountain
_____	Washing Machine	_____	Hose Bibb	_____	Water Heater
_____	Hot Water Boiler	_____	Sewer Pump	_____	Backflow Preventer
_____	Greasetrap	_____	Automatic Sprinkler System		
_____	Other: _____	_____	Other: _____		
_____	Other: _____	_____	Other: _____		

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APPLICANT / AGENT SIGNATURE _____ PRINT NAME _____ DATE _____

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PLUMBING PERMIT APPLICATION ☐ APPROVED ☐ DENIED

BY _____ DATE _____

PERMIT NO. _____ PLUMBING PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

TRAINING FEE \$ 4.00

TOTAL PERMIT FEE \$ _____

ELECTRICAL PERMIT

☐ CONTRACTOR SAME AS BUILDER CONTRACTOR _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (_____) _____ FAX (_____) _____

TYPE OF ELECTRICAL WORK ☐ New ☐ Additional ☐ Alterations

UTILITY COMPANY _____

WORK ORDER NUMBER _____

DESCRIPTION OF WORK _____

ESTIMATED COST OF ELECTRICAL WORK _____

NO.	EQUIPMENT	NO.	SIZE	EQUIPMENT	NO.	SIZE	EQUIPMENT
_____	Luminaries	_____	_____	AMP Service Panel	_____	_____	KW Electric Range Receptacle
_____	Receptacles	_____	_____	AMP Sub-Panels	_____	_____	KW Oven/Surface Unit
_____	Switches	_____	_____	AMP Sub-Panels	_____	_____	KW Electric Water Heater
_____	Detectors	_____	_____	KW Dishwasher	_____	_____	HP/KW Space Heater
_____	Pole Luminaries	_____	_____	HP Garbage Disposal	_____	_____	KW Electric Dryer Receptacle
_____	Spa/Hot Tub	_____	_____	KW Central A/C Unit	_____	_____	KW Baseboard Heat
_____	Swimming Pool	<input type="checkbox"/> Above Ground	<input type="checkbox"/> In Ground				
_____	Other: Fire Alarm System _____						
_____	Other: Cable/Cat 5 _____						
_____	Other: Phone _____						

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APPLICANT / AGENT SIGNATURE _____ PRINT NAME _____ DATE _____

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ELECTRICAL PERMIT APPLICATION ☐ APPROVED ☐ DENIED

BY _____ DATE _____

PERMIT NO. _____ ELECTRICAL PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

TRAINING FEE \$ 4.00

TOTAL PERMIT FEE \$ _____

MECHANICAL PERMIT

☐ CONTRACTOR SAME AS BUILDER CONTRACTOR _____
 ADDRESS _____
 CITY _____ STATE _____ ZIP _____
 PHONE (_____) _____ FAX (_____) _____

HEATING SYSTEM ☐ New ☐ Replacement
 FUEL ☐ Gas ☐ Oil ☐ Electric ☐ Solar
 TYPE ☐ Hydronic ☐ Forced Air

DESCRIPTION OF WORK _____

ESTIMATED COST OF MECHANICAL WORK _____

NO.	EQUIPMENT	NO.	EQUIPMENT	NO.	EQUIPMENT
_____	Water Heater	_____	Fuel Oil Piping	_____	Gas Piping
_____	Steam Boiler	_____	Hot Water Boiler	_____	Hot Air Furnace
_____	Oil Tank	_____	LPG Tank	_____	Fireplace
_____	Other: _____	_____	Other: _____		

☐ Plan Required

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APPLICANT / AGENT SIGNATURE _____ PRINT NAME _____ DATE _____

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MECHANICAL PERMIT APPLICATION ☐ APPROVED ☐ DENIED

BY _____ DATE _____

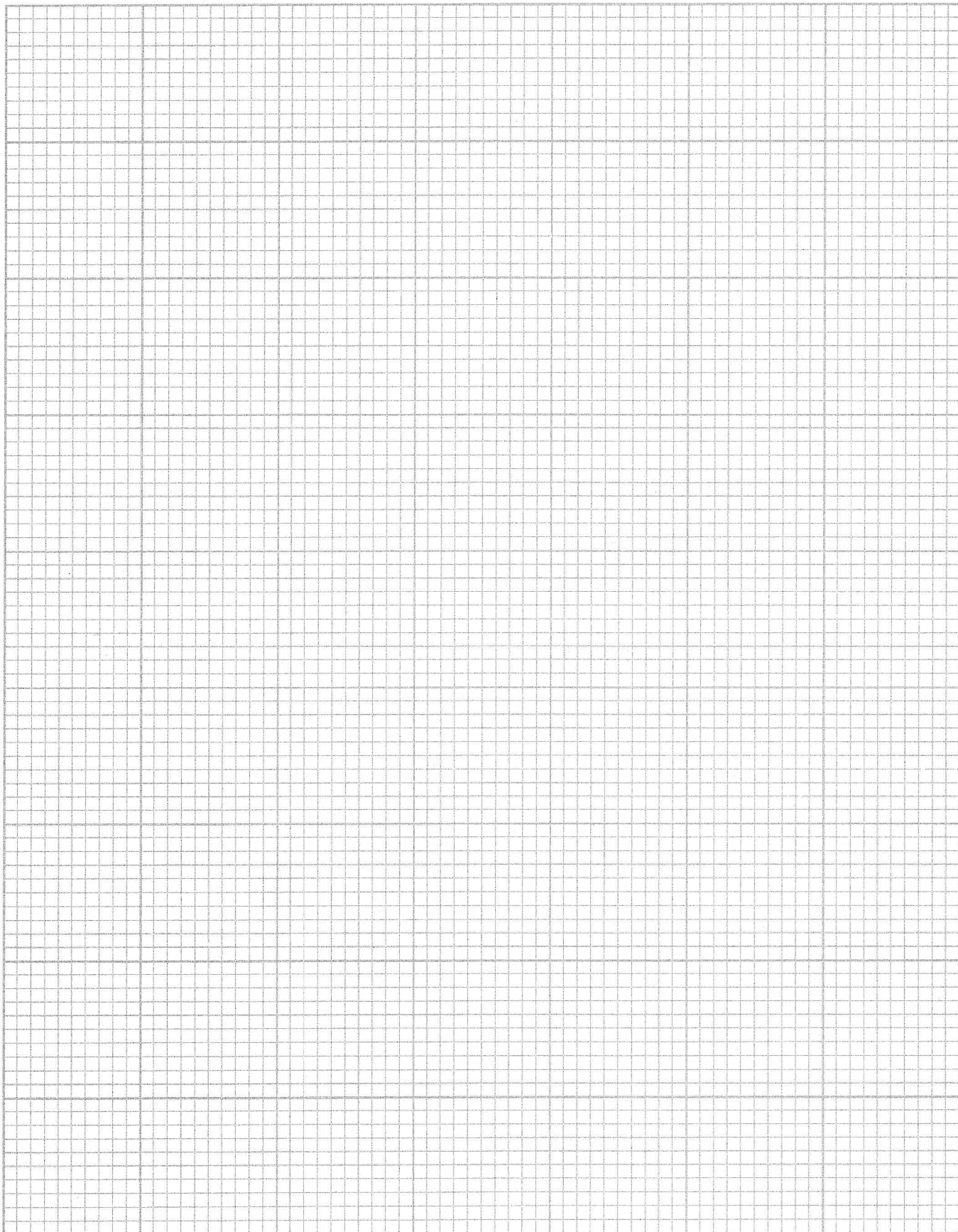
PERMIT NO. _____ MECHANICAL PERMIT FEE \$ _____

PLAN REVIEW FEE \$ _____

TRAINING FEE \$ 4.00

TOTAL PERMIT FEE \$ _____

(Show lot lines, easements and work layout and dimensions)



SCALE = 1 Inch = _____ FEET

FOR DEPARTMENTAL USE

ZONING PLAN EVALUATION

ZONING DISTRICT _____ MAP NUMBER _____

LOT AREA _____ LOT COVERAGE _____ %

LOT AREA PER ROOM _____ ENCROACHMENTS _____

OFF-STREET PARKING SPACES, REQUIRED _____ PROVIDED _____

LOADING SPACE _____

SIGNS; NUMBER _____ SIZE OF EACH SIGN _____

PLANNING COMMISSION APPROVAL REQUIRED _____

BOARD OF ZONING APPEALS APPROVAL REQUIRED _____

WELLHEAD PROTECTION ZONE: ☐ Yes ☐ No

STORMWATER MANAGEMENT PLAN REQUEST: ☐ Yes ☐ No

FLOOD PLAIN: ☐ Yes ☐ No

HISTORIC DISTRICT: ☐ Yes ☐ No

MUNICIPAL APPROVALS

Signature	Date	Signature	Date
Fire		Health Officer	
Public Works		Water Network	
Zoning Officer		Historic & Architectural Review Board	
Wastewater Network			